## Community Planning and Development Department EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM REQUEST FOR PROJECT PROPOSALS

The City of Savannah is soliciting Project Proposals through the Emergency Solutions Grant (ESG) pursuant to the authority of the McKinney-Vento Homeless Assistance Act amended by **\$896**, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, to provide:

Homeless Prevention assistance to individuals and families currently in housing but at risk of becoming homeless and who would otherwise become homeless *but for* ESG assistance.

A single contract will be awarded to the successful applicant with the capacity to carry out the following:

- Identify, evaluate and re-certify the ongoing eligibility of program participants as persons who are at risk of becoming homeless;
- Deliver a bundle of "homeless prevention" services to program participants as described in this Request for Proposals;
- Administer a strong case management component throughout the maximum three (3) month period of program eligibility; and
- Meet ESG reporting and expenditure requirements.

Per ESG guidelines this assistance would include the following eligible costs:

- <u>Financial Assistance</u>: A maximum of three (3) months assistance in the form of short term rental assistance, security deposits, utility deposits/payments, moving cost assistance, hotel/motel vouchers.
- <u>Housing Relocation and Stabilization:</u> Case management\*, outreach, housing search/placement, legal services, mediation, and credit repair.

\*Case Management: Agencies must ensure they have a clear plan for not only tracking participants to ensure ongoing program eligibility but also to ensure participants achieve stable housing at the conclusion of ESG program participation.

Total amount to be awarded: \$141,347-\$176,681

**Who May Apply**: This Request for Project Proposals is limited to Chatham County –Savannah Homeless Continuum of Care agencies awarded 2012 Community Development Block Grant or Emergency Solutions Grant funds AND that provide homeless prevention services to individuals and families in Savannah, Georgia.

#### IMPORTANT NOTICES

Please be advised that the Emergency Solutions Grant Program is NOT the Emergency Shelter Grant (ESG) Program. The Emergency Solutions Grant Interim Rule revises the Emergency Shelter Grant program. The Emergency Solutions Grant Program reflects the change in the program's focus from addressing the needs of homeless people in emergency and transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

NOTE: (1) ESG assisted-housing must be inspected prior to occupancy and meet the U.S. Department of Housing and Urban Development's habitability standards. (2) The recipient must make matching contributions to supplement its ESG program in an amount that equals the amount of ESG funds provided by the City. (3)Section 416(f) of the McKinney-Vento Act also requires for the first time that projects receiving funding under the Emergency Solutions Grant (ESG) program participate in the Homeless Management Information System (HMIS).

## Community Planning and Development Department EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM REQUEST FOR PROJECT PROPOSALS

### **Eligible Activities for Homeless Prevention Programs:**

### A. Financial Assistance

- 1. <u>Rental Assistance</u>: Clients may receive a maximum of 3 months of ESG program assistance. Program participants must also be recertified 3 months from the date of applicant intake for confirmation of continued eligibility prior to receiving up to 3 months of assistance. In situations where there is a break in assistance (e.g., the client receives two months of assistance, is exited from the program, and later reapplies for assistance), the household must be re-evaluated as if they were going through an initial consultation.
- 2. Funds may also be used to pay up to 3 months rental arrears if payment enables the participant to remain in their current unit or move to another unit. The Agency should determine limits on assistance (i.e. 100% rent, shared cost, graduated/declining subsidy). Note: Arrears contribute to the maximum 3 months of assistance. If necessary to obtain housing for a program participant, the last month's rent may be paid from ESG to the owner of the housing unit at the time the owner is paid the deposit and first month's rent. This assistance must not exceed one month's rent and must be included in calculating the program participants total rental assistance, which cannot exceed 3 months. Rental assistance cannot exceed actual rent cost and must comply with HUD "rent reasonableness" standard. The federal regulations also require that a written agreement between the agency and the housing owner. The agency must be able to document that each ESG participants meet regularly with a case manager, and the case manager must develop an individualized plan to help the program participant retain permanent housing after the ESG assistance ends.
- 3. <u>Security and utility deposits</u>: Deposits can cover the same period of time in which assistance is being provided through another housing subsidy program as long as they cover separate cost types. This assistance can only be provided if the program participant or a member of the same household has an account in his or her name with a utility company.
- 4. Utility payments: Up to 3 months including arrears.
- 5. <u>Moving Costs</u>: Must be reasonable, such as truck rental, moving company costs, short-term storage up to 3 months maximum.
- 6. <u>Motel and hotel vouchers</u>: Up to 30 days if reasonable and appropriate, no appropriate shelter beds are available, and rental housing is not immediately available for move-in.

## B. Housing Relocation & Stabilization Services

1. <u>Case Management:</u> Costs associated with the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of program participants and obtaining housing stability, to include: counseling & service plans, securing services, monitoring progress, protecting rights, outreach and engagement (publicizing program); housing search/placement, non-mortgage related legal services to help people stay in their homes; and credit repair.

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#### **Ineligible & Prohibited Activities:**

### 1. Mortgage Assistance

Funds cannot be used to pay for any mortgage costs or legal, taxes or other fees associated with retaining homeowners' housing to include refinancing a mortgage to make it affordable. Congress has established mortgage refinancing and foreclosure assistance programs to assist with the mortgage crisis. Legal services for immigration and citizenship matters are also ineligible costs.

### 2. Costs covered by Other Programs

Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant, who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources. Rental assistance may not be provided to a program participant who has been provided with replacement housing payments under the URA during the period of time covered by the URA payments. For example, ESG rental assistance cannot be provided for the same period of time and same cost types covered by another housing subsidy program.

## 3. Direct Payments

Direct payments to program participants are not allowed. Payments must be made to third parties, such as landlords, utility companies, etc.

## 4. Other Ineligible Costs

Construction or rehabilitation; credit card bills or other consumer debt; car repair/transportation costs; travel costs; food; medical/dental/medicines; clothing/grooming; home furnishings; pet care; entertainment; work, education, licensing, or training; cash assistance to program participants; discharge planning programs in mainstream institutions such as hospitals, jails or prisons.

## 5. Participant Fees

Programs may not charge fees to ESG program participants

## 6. Properties Owned or Affiliated with the Grantee or Sub-grantee

An assisted property may NOT be owned by the subgrantee or the parent, a subsidiary or an affiliated organization of the sub-grantee.

## 7. Late Payments

The Agency may make rental assistance payments <u>only</u> to an owner with whom the Agency has entered into a rental assistance agreement. The Agency must make timely payments to each property owner in accordance with the rental assistance agreement. The rental assistance agreement must contain the same payment due date, grace period, and late payment penalty requirements as the program participant's lease. The Agency is solely responsible for paying late payment penalties that it incurs with non-ESG funds. **Note: Ineligible expenses will be required to be reimbursed to the City of Savannah.** 

### 8. Use with other subsidies

Financial assistance cannot be provided to a program participant who is receiving the same type of assistance through other public sources or to a tenant that has received housing payments under the URA.

## **Application Deadline**

<u>Two copies</u> of the proposal must be received by the City of Savannah, Community Planning and Development Department, at 2203 Abercorn Street, no later than 2:00 p.m. on Thursday, February 7, 2013. Late applications will not be accepted.

# CITY OF SAVANNAH Community Planning and Development Department EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

### EMERGENCY SOLUTIONS GRANT (ESG) PROGRA REQUEST FOR PROJECT PROPOSALS

## **SECTION 1. General Information**

<b>PROGRAM NAME:</b>			
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Date Submitted:		Total ESG F Requested:	unds
Type of Program	Homeless Prevention	Kequesteu.	
Type of Frogram	LEAD AGENCY CONTACT	r ineodma'	TION
Official Agency Name:	LEAD AGENCI CONTACT	INFORMA	IION
As stated on Articles			
of Incorporation:			
Agency DUNs		Agency CCR	
Number:		Expiration D	
Contact Person:		Telephone #:	
		_	
Mailing Address:		Email	
		Address:	
<b>Street Address:</b>			
(if different)			
	PARTNER AGEN	NCY #1	
Official Agency Name:			
As stated on Articles of			
Incorporation		1	
Agency DUNs		Agency CCR	
Number:		Expiration D	
<b>Contact Person:</b>		Telephone #:	
Street Address:		Email	
		Address:	
	PARTNER AGEN	NCY #2	
Official Agency Name:			
As stated on Articles of			
Incorporation			
Agency DUNs		Agency CCR	
Number:		Expiration D	
<b>Contact Person:</b>		Telephone #:	
G			
<b>Street Address:</b>		Email	
		Address:	

## **SECTION 2.** Program Description:

A.	Briefly describe the proposed program AND the <u>specific</u> services and assistance that will be available to program participants. Note: Please refer to the Eligible Activities listed on page 2 of this application to ensure assistance you intend to provide is in accordance with the eligible activities as outlined.
В.	How specifically will the services described above prevent persons at risk from becoming homeless? Important: Your explanation should show a clear and understandable link between the "services" you will provide and the "benefits/outcomes" that will be achieved.
C.	Where will your program or services be physically located and available to clients? If services will be available at multiple sites, please identify each site and which services each will have available.

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#### **SECTION 3.** Verification of "Risk of Homelessness."

Many persons are housed and in great need but would not become homeless without ESG assistance. Therefore, persons must be determined to be at risk of homelessness "but for" the ESG assistance.

A. Programs must verify and document the risk of homelessness that qualifies participants for assistance AND re-certify participant eligibility 3 months from the date of applicant intake for confirmation of continued eligibility prior to receiving up to 3 months of assistance. In situations where there is a break in assistance (e.g., the client receives two months of assistance, is exited from the program, and later re-applies for assistance), the household must be re-evaluated as if they were going through an initial consultation. Please describe the procedures that will be utilized to meet this requirement.

#### **Definitions**

At risk of homelessness defined under section 401(1) of the McKinney-Vento Act. The definition includes three categories under which an individual or family may qualify as "at risk of homelessness":

Category 1 -The individual or family must meet two threshold criteria and must exhibit one or more specified risk factors. The two threshold criteria, as provided in the statute, are: (a) The individual or family has income below 30 percent of median income for the geographic area; and (b) the individual or family has insufficient resources immediately available to attain housing stability.

Category 2: The individual or family does not have sufficient resources or support networks, e.g., family, friends, faith based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the homeless definition [in § 576.2]."

Category 3: The second and third categories under which individuals and families may qualify as "at risk of homelessness" are based on the last sentence of section 401(1) of the McKinney-Vento Act, which provides that the term "at risk of homelessness" includes all families with children and youth defined as homeless under other federal statutes.

**Risk factors:** (1) Has moved frequently because of economic reasons; (2) is living in the home of another person because of economic hardship; (3) has been notified that their right to occupy their current housing or living situation will be terminated; (4) lives in a hotel or motel; (5) lives in severely overcrowded housing; (6) is exiting an institution; or (7) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

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## **SECTION 4.** Minimum Participant Eligibility Requirements

a. b. c.	ive assistance through ESG, individuals/families must meet all of the following minimum criteria:  Complete an initial consultation with a case manager to determine appropriate assistance;  Be at or below 30% of Area Median Income (AMI); and  Be at risk of losing housing with both of the following: 1) no appropriate subsequent housing options identified AND 2) lack the financial resources and support networks needed to obtain other immediate housing or remain in existing housing.
Α.	What procedures will be utilized <u>by the lead and/or partner agencies</u> to collect, verify and substantiate the eligibility of all clients who receive services?
	a. Describe the types of documents that will be collected to verify client eligibility.
	b. Describe the standard that will be used to determine client eligibility, the process that will be used to verify client eligibility, and the specific staff position(s) that will perform these duties.
	c. If more than one site will be engaged in client eligibility, please describe each site's role.

## **SECTION 5.** Case Management

Α.	The City of Savannah is seeking a program with a strong case management component. Program
	participants must be tracked to not only ensure ongoing program eligibility but also to ensure participants
	achieve stable housing at the conclusion of ESG program participation. Please describe your agency's
	process for case management of those who will be served and how you will track participant
	progress towards not becoming homeless.

## B. Tracking Client benefits and achievement of desired outcomes

To verify that clients have benefited from the program and achieved the desired outcomes, you will need to collect and maintain this data. Please describe the data that will be collected and how and when the lead agency and partner agencies will collect, update, and maintain this information? Note: Use of the Pathways Homeless Management Information System (HMIS) is required.

## **SECTION 6.** Centralized or Coordinated Assessment System

<b>A.</b>	The U.S. Department of Housing and Urban Development intends to require each Continuum of Care to develop and implement a centralized or coordinated assessment system in its geographic area. Please describe the proposed program's plan for collecting and maintaining data evidencing the use of a centralized or coordinated assessment system developed by the Continuum of Care.
В.	Describe how your agency will collaborate and/or partner with other local agencies that provide eligible services to the target population in order to ensure delivery of a comprehensive program that can meet case management, client eligibility, HMIS client reporting, and homeless prevention and housing relocation/stabilization services. Note: Please attach Memorandums of Understanding or Letters of Commitment from above partner agencies confirming intentions.
C.	All funded agencies will be required to hold regular partner coordination meetings to foster ongoing communication between sites and ensure the program runs smoothly. Please describe your proposed plan for ensuring these meetings occur and the frequency with which partners will meet.
D.	Describe the program reports and other documentation that each agency will be responsible for collecting and the procedures and frequency for submitting this information to the lead agency.

# CITY OF SAVANNAH Community Planning and Development Department EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

# REQUEST FOR PROJECT PROPOSALS

## **SECTION 7.** Performance Measures and Proposed Budget

### A. Performance Measures

Please enter the proposed performance outcomes for the lead agency and each site below. After the figures have been entered for each site, add each row's figures and enter the total for all sites in the last column. If an outcome measure does not relate to one of the sites listed, simply enter "0" or "n/a" in the agency's corresponding box.

	Unduplicated Number of Clients to reach this outcome (at each site)					
Proposed Performance Measures	Lead Agency	Partner Site #1	Partner Site #2	Partner Site #3	Total All Sites	
Enter the total unduplicated number of clients to be served at each site						
List client outcomes to be achieved & the number of clients to achieve these outcomes at each site, if applicable.						

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## B. Proposed Budget

Enter all "Program Revenue" and complete only the section under "Program Expenditures" that applies to the type program you are proposing. Determine total revenue and expenditures for each column, enter the excess/shortfall projected, and enter the program costs per client. (Total program cost divided by the number of clients to be served.)

PROGRAM REVENUE	2011 Actual	2012 Projected	2013 Proposed (including ESG)	Total 2013 ESG Request
City of Savannah				
Other Grants/Funding				
Program Fees				
Donations from the Public				
TOTAL REVENUE				

PROGRAM EXPENDITURES	2011 Actual	2012 Projected	2013 Proposed (including ESG)	Total 2013 ESG Request
HOMELESS PREVENTION PROGRAMS				
Housing Relocation and Stabilization to prevent homelessness:				
Rental application fees, security deposits, last month's rent, utility				
payments, moving costs, legal services to obtain/retain housing.				
Tenant-Based Rental Assistance: Short/medium term rent				
assistance, payment of arrears and late fees up to 6 months.				
Case Management: Cost of case manager (salary only) performing				
assessment, counseling, arranging services, client monitoring,				
housing search and placement, and client recertification.				
TOTAL EXPENDITURES				
EXCESS (SHORTFALL) OF REVENUE OVER EXPENDITURES				
COST PER CLIENT				

## C. Proposed Distribution of Funds among Partners Agencies

From the Section above, re-enter the "TOTAL 2013 ESG REQUEST" figures as reflected in the "Program Expenditures" section of the Program Budget. These figures should be entered below in the "Total 2013 ESG Request FROM THE SECTION ABOVE" that reflects the type of program you are proposing to offer for homeless prevention AND explain how these funds will be distributed for any agencies seeking reimbursement through this grant.

	<u>Total 2013</u>	Proposed Distribution of ESG Funds			ınds
PROGRAM EXPENDITURES	ESG Request	Lead	Partner	Partner	Partner
I ROGRAM EM ENDITURES	FROM	Agency	Agency #1	Agency #2	Agency #3
	PREVIOUS PAGE				
HOMELESS PREVENTION PROGRAMS					
Housing Relocation and Stabilization to prevent					
homelessness: Rental application fees, security deposits,					
last month's rent, utility payments, moving costs, legal					
services to obtain/retain housing.					
Tenant-Based Rental Assistance: Short term rent payment					
assistance, payment of arrears and late fees up to 3 months.					
Case Management: Cost of case manager (salary only)					
performing client assessment, counseling, arranging					
services, monitoring, housing search and placement, and					
client recertification.					
TOTAL AMOUNT TO AGENCIES					

## **D.** Matching Contributions

How will the lead agency and/or partner agencies meet the matching contributions requirement in an amount that equals the amount of ESG funds awarded? Where non-cash contributions are used, the lead agency must describe how the value placed on any non-cash contribution was derived.

## E. Other Grants/Funding for the Proposed Program

Please list the funding sources for the total dollar amount entered as "Other Grants/Funding" in the previous table.

List all grants/funding received or expected to be available for operating this program. Note: The total amount you provide below should be the same as the total amount you provided in the Program Budget

FUNDING SOURCE

Which agency is requesting or receiving this funding?

Amount (\$)

Has funding been approved? (Yes/No)

**TOTAL - OTHER GRANTS** 

## Community Planning and Development Department EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM REQUEST FOR PROJECT PROPOSALS

## **SECTION 10: CERTIFICATIONS**

<u> </u>							
Lead Agency							
Name & Address:							
I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.							
Authorized Name & Title		Telephone	Signature	Date			
Partner Agency Name & Address:							
I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.							
Authorized Name & Title		Telephone	Signature	Date			
Partner Agency Name & Address:							
I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.							
Authorized Name & Title	T	elephone	Signature	Date			